

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Americans for Working Families

(b) Address (number and street) ☐ check if different than previously reported

650 4th Street, NE #4

(c) City, State and ZIP Code

W

DC

20002

### 2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

N/A

(e) Occupation

N/A

### 3. Is This Statement

☒

New

or

☐

Amended

### 4. Covering Period

M M / D D / Y Y Y Y  
0 1 / 0 1 / 2 0 0 9

through

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 1 0

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y (b) Communication Title Older Brother

0 8 / 0 6 / 2 0 1 0

6. The filer is a(n): (a) ☐ Individual (b) ☒ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: \_\_\_\_\_

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

### 8. Custodian of Records

(a) Name

Jennifer Goncalves

(b) Address (number and street)

650 4th Street, NE

(c) City, State and ZIP Code

Washington

DC

20002

(d) Name of Employer or Principal Place of Business

Americans for Working Families

(e) Occupation

Treasurer

### 9. Total Donations This Statement

250000.00

### 10. Total Disbursements/Obligations This Statement

63933.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Jennifer Goncalves

SIGNATURE Electronically Filed by Jennifer Goncalves

DATE 08/06/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.